COMMONWEALTH OF VIRGINIA

Board of Medicine Department of Health Professions 9960 Mayland Drive, Suite 300,Richmond, VA 23233-1643

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WEB PAGE: www.dhp.virginia.gov/medicine

APPLICATION TO REACTIVATE AN INACTIVE LICENSE FOR AN OCCUPATIONAL THERAPIST ASSISTANT PURSUANT TO VIRGINIA REGULATIONS 18VAC85-80-72

payable to the Treasure engaged in the active p	or of Virginia. If your li ractice of occupational number of years, not to	cense has been inactive f therapy and attestation of	for two to six years, frompleted continu	ee of \$35.00, check made provide attestation of having ed competency hours equal to been inactive as defined in
Name (Last, First, M.I., Suffix, Maiden Name)				Security # or DMV control #
Mailing Address (Stree	t and/or Box Number, C	City, State, Zip Code)		
Virginia License #:		Number of years in inactive status:		
Email address:				
indicate:				
practice of 160 hours w	rithin 60 consecutive da l serve a board-approve	bys under the supervision ed practice of 320 hours t	of a licensed occup	all serve a board-approved ational therapist or for more our consecutive months under
I attest that I have con 18VAC85-80-71: Ci		l competency requirem	ents specified in V	rirginia regulations
SIGNATURE: DATE:				
(FOR OFFICE USE ONLY)				
Date Received:	Fee Received:	Approved:		Date: